Reci	pient	Com	mitte	е
Cam	paign	State	emer	ıt
(Govern	ment Cod	e Sectio	ns 8420(า-8

Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp	2	CALIFORNIA 2001/02 FORM		
	Statement covers period from 01/01/2019	Date of election if applicable: (Month, Day, Year)		Page	For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through_12/31/2019						
1. Type of Recipient Committee: All Commi	ttees - Complete Parts 1,2,3, and 4.	2. Type of Stateme	nt:				
 □ Officeholder, Candidate Controlled Committee □ State Candidate Election Committee □ Recall (Also Complete Part 5.) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee 	■ Ballot Measure Committee	☐ Pre-election Staten ☐ Semi-annual Stater ☐ Termination Staten ☐ Amendment (Expla	ment nent in below)	Specia Supple Statem	rly Statement I Odd-Year Report mental Preelection ent - Attach Form 495		
3. Committee Information	I.D.NUMBER 1422494	Treasurer(s)					
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH,		NAME OF TREASURER ROBERT KLEIN III					
STREET ADDRESS (NO P.O. BOX)		MAILING ADDRESS					
CITY STATE ZIP CC SAN RAFAEL CA 94901 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	(415)389-6800	CITY PALO ALTO NAME OF ASSISTANT TREASUR	STATE CA RER, IF ANY	ZIP CODE 94306	AREA CODE/PHONE 650-419-7644		
		MAILING ADDRESS					
OPTIONAL: FAX/E-MAIL ADDRESS	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
FORM410@NMGOVLAW.COM		OPTIONAL: FAX/E-MAIL ADDRES	SS				
4. Verification I have used all reasonable diligence in preparing and is true and complete. I certify under penalty of perjury Executed on 07/31/2020 By ROBERT KLEIN	under the laws of the State of Calif	fornia that the foregoing is true an		ein and in the	attached schedules		
DATE Executed on By	SIGNATURE OF TREASURER OF						
DATE SIGNATURE OF C Executed on By	ONTROLLING OFFICEHOLDER, CANDIDATE, STA						
DATE Executed on By	SIGNATURE OF CONTROLLING OFFICEHOLDE	R, CANDIDATE, STATE MEASURE PROPONEN			FPPC Form 460 (June/01)		
DATE DATE	SIGNATURE OF CONTROLLING OFFICEHOLDE	R, CANDIDATE, STATE MEASURE PROPONEN	 T	FPPC Toll-Free	Helpline: 866/ASK-FPPC		

FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

CALIFORNIA 460

Dogo	2	of	29
Page		OI _	

Recipient Committee Campaign Statement Cover Page - Part 2

Officeholder or Candidate Contro	olled Committee	6. <u>Bal</u> lot Measure Co	ommittee			
NAME OF OFFICEHOLDER OR CANDIDATE		OF BALLOT MEASURE		NG GEEN GELL	AND OTHER	MEDICAL
		AUTHORIZES BONDS TO CO				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND I	DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTIO		1=	SUPPORT OPPOSE
		14		- NOVEMBER 2		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	Identify the controlling offi		•	easure propo	onent, if any.
		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in the not included in this statement that are controlled by you contributions or to make expenditures on behalf of you	or are primarily formed to receive	OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed (which this committee is primarily		List names of	officeholder(s)	or candidate(s) Ffor
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	OPPOSE
						SUPPORT
CITY STATE	ZIP CODE AREA CODE/PHONE					OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT
						OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT
	☐ YES ☐ NO					OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BO	X)					
CITY STATE	ZIP CODE AREA CODE/PHONE	Attac	h continuation	sheets if neces	sary	

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA FORM Statement covers period from <u>01/01/2019</u> through $\frac{12/31/2019}{}$ of $\frac{29}{}$ Page 3 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES 1422494

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections		
1. Monetary Contributions Schedule A, Line 3	\$0.00	\$0.00	General Elections		
2. Loans Received Schedule B, Line 7	\$0.00	\$0.00	1/1 through 6/30 7/1 to Date		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$0.00	\$0.00	20. Contribution Received \$.00 \$.00		
4. Nonmonetary Contributions Schedule C, Line 3	\$712,253.72	\$712,253.72			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$712,253.72	\$712,253.72	21. Expenditures Made \$.00 \$.00		
Expenditures Made			Expenditure Limit Summary for State		
6. Payments Made Schedule E, Line 4	\$0.00	\$0.00	Candidates		
7. Loans Made Schedule H, Line 7	\$0.00	\$0.00	22. Cumulative Expenditures Made*		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$0.00	\$0.00	(If Subject to Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$270,870.30	\$270,870.30	Date of Election Total to Date		
10. Nonmonetary Adjustment Schedule C, Line 3	\$712,253.72	\$712,253.72	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$983,124.02	\$983,124.02			
Current Cash Statement]		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$0.00	To calculate Column B, add amounts in Column A to the			
13. Cash Receipts Column A, Line 3 above	\$0.00	corresponding amounts			
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	from Column B of your last report. Some amounts in			
15. Cash Payments Column A, Line 8 above	\$0.00	Column A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$0.00	figures that should be subtracted from previous			
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts			
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	*Since January 1, 2001. Amounts in this section may b different from amounts reported in Column B.		
18. Cash Equivalents See instructions on reverse	\$0.00	-	different from amounts reported in Column B.		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$270,870.30	-	FPPC Form 460 (June/01)		
			FPPC Toll-Free Helpline: 866/ASK-FPPC		

Type or print in ink.
Amounts may be rounded to whole dollars.

SCH		

Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov	•	CALIFORNIA 460 FORM	
SEE INSTRUCTIONS ON	REVERSE		through12/31/2			Page _4 of_29	
NAME OF FILER						I.D. Numbe	r
YES ON 14: CALIFORN	IANS FOR STEM CELL RESEARCH, TREATMENTS A	ND CURES				1422494	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC					
			SUBTOTA	L \$0.00			
Schedule A Su . Amount received (Include all Sche	mmary I this period - contributions of \$100 or more edule A subtotals.)			6.00	IND	ontributor Cod - Individual M - Recipient	Committee
2. Amount received	I this period - unitemized contributions of le	ss than \$100		5.00		H - Other	an PTY or SCC)
s. Total monetary c	contributions received this period. d 2. Enter here and on the Summary Page,			5.00		Y - Political Pa C - Small Con	arty tributor Committee

Schedule B - Part 1 **Loans Received**

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE B - PART
Statement covers period	CALIFORNIA ACO
01/01/2019	CALIFORNIA 460

from __ of <u>29</u> Page <u>5</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER							I.D. NUMBER	
YES ON 14: CALIFORNIANS FOR STEM CELL R	ESEARCH, TREATMENTS AND C	URES					1422494	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
☐ IND ☐ COM☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
☐IND ☐COM☐OTH☐PTY☐SCC					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
☐IND ☐COM☐OTH ☐PTY ☐SCC					DATE DUE		DATE INCURRED	
		SUBTOTALS						
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loans	s less than \$100)						Enter (e) on Schedule E, Line 3)	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	O paid or forgiven.)	dule A.)				* a	Amounts forgi another party a eported on Scl	ven or paid by lso must be nedule A.
3. Net change this period. (Subtract Lin	e 2 from Line 1.)	,			Net	*	* If required.	

3. Net change this period. (Subtract Line 2 from Line 1.) ___ Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

*Contributor Codes **IND-Individual**

COM-Recipient Committee (other than PTY or SCC)

OTH-Other

PTY-Political Party

SCC-Small Contributor Committee

Schedule B - Part 2 Loan Guarantors

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE B - PART 2
Statement covers period	CALIFORNIA 460
from <u>01/01/2019</u>	FORM TOO
through <u>12/31/2019</u>	Page <u>6</u> of <u>29</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number 1422494

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	☐ IND ☐ COM		LENDER		CALENDAR YEAR	
	OTH PTY SCC	☐ OTH ☐ PTY	DATE		PER ELECTION (IF REQUIRED)	
			LENDER		CALENDAR YEAR	
			LENDER		CALENDAR TEAR	
	OTH	H Y	DATE		PER ELECTION (IF REQUIRED)	
	☐ IND ☐ COM		LENDER		CALENDAR YEAR	
	OTH PTY SCC	1	DATE		PER ELECTION (IF REQUIRED)	
□ CC □ OT □ PT	□ IND		LENDER		CALENDAR YEAR	
	OTH PTY SCC	OTH PTY	DATE		PER ELECTION (IF REQUIRED)	
			SUBTOTAL		Enter on Summary Page, Line 17 only.	

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from 01/01/2019	FORM TOO
through <u>12/31/2019</u>	Page 7 of 29
	LD Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number 1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON10	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	DIGITAL ADS	\$57.20	\$712,253.72	
11/12/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON11	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	WEBSITE DESIGN	\$50.00	\$712,253.72	
12/17/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON14	IND COM OTH PTY SCC		SIGNATURE GATHERING	\$500,000.00	\$712,253.72	
12/27/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON15	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	PETITION CIRCULATION	\$35,340.30	\$712,253.72	
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$712,253.72							

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.		*Contributor Codes
(Include all Schedule C subtotals.)	\$712,253.72	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)		PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>01/01/2019</u>	FORM TOO
through <u>12/31/2019</u>	Page <u>8</u> of <u>29</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number 1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON19	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	WEBSITE DESIGN	\$50.00	\$712,253.72	
11/12/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON2	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	WEBSITE DESIGN	\$50.00	\$712,253.72	
12/17/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON20	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	WEBSITE DESIGN & DIGITAL ADS	\$13,921.00	\$712,253.72	
11/12/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON3	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	WEBSITE DESIGN	\$660.00	\$712,253.72	
Attach add	Attach additional information on appropriately labeled continuation sheets. SUBTOTAL						

Schedule C Summary

4. A second second selection of the second se	
1. Amount received this period - nonmonetary contributions of \$100 or more. *Contributor Codes	
(Include all Schedule C subtotals.)	
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from 01/01/2019	FORM 400
through <u>12/31/2019</u>	Page 9 of 29
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number 1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/12/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON4	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	WEBSITE DESIGN	\$10.83	\$712,253.72	
12/4/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON5	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	MEDIA RELATIONS	\$17,859.36	\$712,253.72	
12/12/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON6	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	DIGITAL MEDIA	\$852.00	\$712,253.72	
12/12/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON7	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION		\$108,835.03	\$712,253.72	
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL							

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from 01/01/2019	FORM 400
through <u>12/31/2019</u>	Page 10 of 29

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number 1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/16/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON8	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	SIGNATURE GATHERING	\$34,000.00	\$712,253.72	
12/19/2019	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON9	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	P.O. BOX APPLICATION	\$568.00	\$712,253.72	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		IND COM OTH PTY SCC					
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$712,253.72							

Schedule C Summary

·	
1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee
	PTY - Political Party

Schedule D **Summary of Expenditures** Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE D
Statement covers period	CALIFORNIA 460
from01/01/2019	FORM 400
through <u>12/31/2019</u>	Page <u>11</u> of <u>29</u>
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES 1422494

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN.1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)
		☐ Monetary Contribution				
		Nonmonetary Contribution				
	Support Oppose	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution				
	Support Oppose	Independent Expenditure				
		☐ Monetary Contribution				
		Nonmonetary Contribution				
_	☐ Support ☐ Oppose	Independent Expenditure				
			SUBTOTAL			
	D Summary					
	ns and independent expenditures made this period of \$			ototals.)		

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	
2. Unitemized contributions and independent expenditures made this period of under \$100	

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL ____

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from01/01/2019	FORM 400
through <u>12/31/2019</u>	Page <u>12</u> of <u>29</u>
	I.D. NUMBER 1422494

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

	contribution (explain nonmonetary)*		office expens			campaign workers' salaries
	civic donations		petition circulating			t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks			candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research		TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, del	ivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional	services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads		WEB	information technology costs (internet, email)
	NAME AND ADDRESS OF PAYEE			CODE OP	DESCRIPTION O	E DAVMENT AMOUNT DAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OF	R	DESCRIPTION OF PAYMENT	AMOUNT PAID

Schedule E Summary
1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
2. Unitemized payments made this period of under \$100
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

SUBTOTAL

Schedule F **Accrued Expenses (Unpaid Bills)**

Type or print in ink. Amounts may be rounded to whole dollars.

Staten	nent covers period	CALIFOR	NIA 460
from	01/01/2019	FORM	400
through	12/31/2019	Page 13	of ²⁹

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER 1422494

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.							
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	raphernalia/misc. nsultants (explain nonmonetary)* ns ng/ballot fees vents expenditure supporting/opposing others (explain)* PRO MBR member communications meetings and appearance office expenses office expenses petition circulating phone banks pellong and survey resear postage, delivery and me professional services (leg		RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/spo VOT voter registration WEB information technology costs (internet, email)				
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR CRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 94901	PRO STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE;	\$0.00	\$4,735.50	\$0.00	\$4,735.50		

\$0.00

\$4,624.15

A PARTNER OF PAYEE: EVANN WHITELAM, ASSISTANT TREASURER, IS AMERICANS FOR CURES FOUNDATION SEE SCHEDULE G \$0.00 \$33,253,29 \$0.00 \$33,253,29 Palo Alto, CA 94306

IN WHITELAM, TANT TREASURER, IS

COMMITTEE TREASURER, IS

STEVEN S. LUCAS,

PRO

NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP

SUBTOTALS

Schedule F Summary

San Rafael, CA 94901

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) INCURRED TOTALS \$270,870.30

\$0.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.).....

May be a negative number.

\$4,624.15

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.
Amounts may be rounded to whole dollars.

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Staten	nent covers period	CALIFORN	^{IA} 460
from	01/01/2019	FORM	T 00
through	12/31/2019	Page 14	of <u>29</u>
		LD MUMBER	

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER 1422494

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.								
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs						
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions						
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries						
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs						
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals						
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals						
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor						
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration						
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)						
*Payments that are contributions or independent expenditures must also be sur	nmarized on Schedule D.							

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	REIMBURSED EXPENSES; UNDER \$500	\$0.00	\$505.66	\$0.00	\$505.66
SALIENTPOINT, LLC Boston, MA 02110	PRO	\$0.00	\$3,712.50	\$0.00	\$3,712.50
OLSON REMCHO LLP Sacramento, CA 95814	PRO	\$0.00	\$6,612.50	\$0.00	\$6,612.50
SALIENTPOINT, LLC Boston, MA 02110	SEE SCHEDULE G	\$0.00	\$1,188.81	\$0.00	\$1,188.81

SUBTOTALS

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2019 CALIFORNIA 460 FORM Page $\frac{12}{31/2019}$ of $\frac{29}{31/2019}$

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER 1422494

Palo Alto, CA 94306 Memo Reference: PAY34 ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY35 ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL WEBSITE DESIGN \$0.00 \$10.83 \$0.00 \$10.83	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.							
CTB contribution (explain nonmonetary)* OFC office expenses CV civic donations of continuous contin						S		
CVC civic donations PET petition circulating PET pone banks PET petition circulating PET petition circulation PET petition PET petition circulation PET petition circulation PET petition			nces					
FIL candidate fling/ballot fees PHO phone banks IND independent expenditure supporting/opposing others (explain)* LEG legal defense IND independent expenditure supporting/opposing others (explain)* Payments that are contributions or independent expenditures must also be summarized on Schedule D. CODE OR PRIT INTERIOR OF PAYMENT CANDIDATE AND ADDRESS OF CREDITOR PRIT INTERIOR OF PAYMENT BALANCE BEGINNING OF THIS PERIOD NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP Stan Raffact, CA 94901 ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL ROBERT N.				1 3				
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IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services [legal defense legal defense legal defense professional services (legal, accounting) PRT print ads web information technology costs (internet, email) WEB information technology costs (internet, email) web information technology costs (internet, email) PRT print ads web summarized on Schedule D. NAME AND ADDRESS OF CREDITOR [PTION OF PAYMENT] PRINTING PAYMENT] PRINTING PAYMENT P								
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CORPORATION Palo Alto, CA 94306								
Palo Alto, CA 94306	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL	WEBSITE DESIGN	\$0.00	\$10.83	\$0.00	\$10.83		
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SUBTOTALS

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2019 CALIFORNIA 460 FORM Page $\frac{16}{29}$ of $\frac{29}{29}$

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER 1422494

CODES: If one of the following codes accurately describes	the payment, you may en	ter the code. Otherw	rise, describe the pa	yment.	
CMP campaign paraphernalia/misc.		MBR member communications		me and production cost	is .
CNS campaign consultants	MTG meetings and appeara	inces		RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses			workers' salaries	_
CVC civic donations	PET petition circulating			ole airtime and production	
FIL candidate filing/ballot fees	PHO phone banks			e travel, lodging, and me	
FND fundraising events	POL polling and survey res			use travel, lodging, and	
IND independent expenditure supporting/opposing others (explain)* LEG legal defense	POS postage, delivery and PRO professional services (TSF transfer b		the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	(legal, accounting)		on technology costs (int	ernet email)
*Payments that are contributions or independent expenditures must also be sum			WED IIIIOIIIIau	on technology costs (int	erriet, errian)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE
		OF THIS PERIOD		(ALSO REPORT ON E)	OF THIS PERIOD
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	REIMBURSED EXPENSES; UNDER \$500	\$0.00	\$747.17	\$0.00	\$747.17
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY37	WEBSITE DESIGN	\$0.00	\$50.00	\$0.00	\$50.00
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY38	DIGITAL ADS	\$0.00	\$57.20	\$0.00	\$57.20
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY39	MEDIA RELATIONS	\$0.00	\$17,859.36	\$0.00	\$17,859.36
SUBTOTALS					

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2019 CALIFORNIA 460 FORM Page $\frac{17}{29}$ of $\frac{29}{29}$

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER 1422494

CODES: If one of the following codes accurately describes	s the payment, you may enter the code. Other	wise, describe the payment.					
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs					
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions					
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries					
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs					
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals					
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals					
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor					
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration					
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)					
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.							

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY40	DIGITAL MEDIA	\$0.00	\$852.00	\$0.00	\$852.00
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY41		\$0.00	\$108,835.03	\$0.00	\$108,835.03
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY42	SIGNATURE GATHERING	\$0.00	\$34,000.00	\$0.00	\$34,000.00
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY43	WEBSITE DESIGN & DIGITAL DS	\$0.00	\$13,921.00	\$0.00	\$13,921.00
			1		1

SUBTOTALS

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2019 CALIFORNIA 460 FORM Page $\frac{18}{2}$ of $\frac{29}{2}$

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER 1422494

CODES: If one of the following codes accurately describes	the payment, you may en	ter the code. Otherw	rise, describe the pa	ayment.	
CMP campaign paraphernalia/misc.	MBR member communication			ime and production cos	ts
CNS campaign consultants	MTG meetings and appearances		RFD returned contributions		
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expenses PET petition circulating			n workers' salaries ble airtime and producti	on costs
FIL candidate filing/ballot fees	PHO phone banks			e travel, lodging, and m	
FND fundraising events	POL polling and survey res	earch		e travel, lodging, and mu use travel, lodging, and	
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and		•	. 5 5.	the same candidate/sponsor
LEG legal defense	PRO professional services		VOT voter req		ino damo danalada, oponido.
LIT campaign literature and mailings	PRT print ads	· · · · · · · · · · · · · · · · · · ·	WEB information	on technology costs (int	ernet, email)
*Payments that are contributions or independent expenditures must also be sur	nmarized on Schedule D.			•	. ,
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY44	WEBSITE DESIGN	\$0.00	\$50.00	\$0.00	\$50.00
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY45	P.O. BOX APPLICATION	\$0.00	\$568.00	\$0.00	\$568.00
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY46	PETITION CIRCULATION	\$0.00	\$35,340.30	\$0.00	\$35,340.30
	SUBTOTALS	\$0.00	\$270,870.30	\$0.00	\$270,870.30

Schedule G Payments Made by an Agent or Independent **Contractor (on Behalf of This Committee)**

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
from01/01/2019	FORM 40U
through _12/31/2019	Page 19 of 29
	I.D. NUMBER 1422494

NAME OF AGENT OR INDEPENDENT CONTRACTOR AMERICANS FOR CURES FOUNDATION

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications CMP campaign paraphernalia/misc. RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) VOT voter registration LEG legal defense LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DON REED - CONSULTANT Fremont, CA 94536	CNS		\$3,600.00
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	OFC		\$2,743.80
attach additional information on appropriately labeled continuation shee	ts.		TOTAL* \$6343.80

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA ACO
from01/01/2019	FORM 40U
through _12/31/2019	Page 20 of 29
	I.D. NUMBER 1/22/19/

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR SALIENTPOINT, LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications CMP campaign paraphernalia/misc. RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings WEB information technology costs (internet, email) PRT print ads

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AMERICAN AIRLINES Fort Worth, TX 76155	TRS			\$525.00
Tott Word, 12 70133				

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

TOTAL* \$525.00

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded

	SCHEDULE H
Statement covers period	CALIFORNIA 460

_oans Made to Others*			to whole dollars		from01/01/20)19	FORM	^{NIA} 460
EE INSTRUCTIONS ON REVERSE					through <u>12/31/20</u>	019	Page <u>21</u>	_ of <u>29</u>
IAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RI	ESEARCH, TREATMENTS AND C	CURES		,			I.D. NUMBER 1422494	
ULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				FORGIVEN		RATE %		PER ELECTION**
					DATE DUE		DATE INCURRED	-
Loans that are contributions to another candidate nust also be summarized on Schedule D. Loans lso be reported on Schedule E.		SUBTOTALS						
					-	(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
. Loans made this period Total Column (b) plus unitemized loans	less than \$100.)							** If Required
Payments received on loans Total Column (c) plus unitemized paym	nents less than \$100.)							
B. Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 7.))			NET (May be a ne	gative number)		

Schedule I Miscellaneous Inc	chedule I iscellaneous Increases to Cash		Statement covers period from01/01/2019	CALIFORNIA 460
SEE INSTRUCTIONS ON REVER	RSE		through	Page $\frac{22}{1}$ of $\frac{29}{1}$
NAME OF FILER YES ON 14: CALIFORNIANS I	FOR STEM CELL RESEARCH, TREATMENTS AND CURES		•	I.D. NUMBER 1422494
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DES	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
_				
Attach additional inf	ormation on appropriately labeled continuation shee	ts.	SUBTO	ΓAL\$.00
Schedule I Summa 1. Increases to cash of S	Try \$100 or more this period		\$.00	

2. Unitemized increases to cash under \$100 this period.

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....

Summary Page, Line 14.)

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

\$.00 \$.00

TOTAL \$.00

Memo Reference: ADDITIONAL COMMITTEE ADDRESS: P.O. BOX 20368, STANFORD, CA 94309
Memo Reference: NON2
MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F; REC'D THRU INTERMEDIARY: AMERICAN EXPRESS COMPANY, 200 VESEY ST., NEW YORK, NY 10285-3106
Memo Reference: NON3 MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F; REC'D THRU INTERMEDIARY: AMERICAN EXPRESS COMPANY, 200 VESEY ST., NEW YORK, NY
10285-3106
Memo Reference: NON4
MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F; REC'D THRU INTERMEDIARY: AMERICAN EXPRESS COMPANY, 200 VESEY ST., NEW YORK, NY 10285-3106

Memo Reference: NON5 MADE BY KLEIN FINANCIAL CORPORATION: NON MONETARY LOAN: SEE SCHEDIH E.E.
MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F
Memo Reference: NON6
MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F
Memo Reference: NON7
MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F
Memo Reference: NON8
MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F

M. P.C. NOVO
Memo Reference: NON9 MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F; REC'D THRU INTERMEDIARY: AMERICAN EXPRESS COMPANY, 200 VESEY ST., NEW YORK, NY 10285-3106
Memo Reference: NON10 MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F; REC'D THRU INTERMEDIARY: AMERICAN EXPRESS COMPANY, 200 VESEY ST., NEW YORK, NY 10285-3106
Memo Reference: NON11
MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F; REC'D THRU INTERMEDIARY: AMERICAN EXPRESS COMPANY, 200 VESEY ST., NEW YORK, NY 10285-3106
Memo Reference: NON15
MADE BY ROBERT N. KLEIN II; NON-MONETARY LOAN; SEE SCHEDULE F

Memo Reference: NON14 MADE BY ROBERT N. KLEIN II; REC'D THRU INTERMEDIARIES: KLEIN FINANCIAL CORPORATION & AMERICANS FOR STEM CELL THERAPIES AND CURES (SAME ADDRESS)
Memo Reference: NON19 MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F; REC'D THRU INTERMEDIARY: AMERICAN EXPRESS COMPANY, 200 VESEY ST., NEW YORK, NY
10285-3106
Memo Reference: NON20
MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F
Memo Reference: PAY34 NON-MONETARY LOAN; SEE SCHEDULE C

M. D.C. DAVOS
Memo Reference: PAY35 NON-MONETARY LOAN; SEE SCHEDULE C
Memo Reference: PAY36
NON-MONETARY LOAN; SEE SCHEDULE C
Memo Reference: PAY37 NON-MONETARY LOAN; SEE SCHEDULE C
NON-MONETARY LOAN; SEE SCHEDULE C
M = D C = DAY(0)
Memo Reference: PAY38 NON-MONETARY LOAN; SEE SCHEDULE C

Memo Reference: PAY39 NON-MONETARY LOAN; SEE SCHEDULE C
Memo Reference: PAY40
NON-MONETARY LOAN; SEE SCHEDULE C
Memo Reference: PAY41
NON-MONETARY LOAN; SEE SCHEDULE C
Mamo Deference: DAV/2
Memo Reference: PAY42 NON-MONETARY LOAN; SEE SCHEDULE C

M. D.C. DAY/O
Memo Reference: PAY43 NON-MONETARY LOAN; SEE SCHEDULE C
Memo Reference: PAY44
NON-MONETARY LOAN; SEE SCHEDULE C
Memo Reference: PAY45
NON-MONETARY LOAN; SEE SCHEDULE C
Memo Reference: PAY46 NON-MONETARY LOAN; SEE SCHEDULE C
NON-MONETARY LOAN; SEE SCHEDULE C